COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name		Office:
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Mailing address	illimitetti 🕊 mendinaan aanamatan een yöt joonista on tarvittiin tarvittiin talkiittiin t	District
110 Holmes Rd		128
City, zip code		Phone
Scarborough, Me	. 04074	883-5414
PART 1. INCOME DERIV	ED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from whom	you received compensation of \$1,000 or	more. Specify the principal type of
economic activity of each employer.	, , ,	
Name of Employer	Address	Principal Type of Economic
Name of Limpoyer	Audiess	Activity of Employer
NONE		
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CAN PROCEED BY THE SECOND RESIDENCE AND AND AND ADDRESS OF A SECOND CONTRACT OF A PARTY	ERIVED FROM SELF-EMPLOYMENT tors who are self-employed.)	
A. List the name and address of your business, if any, and	d list the major areas of economic activity	from which you derived income. If
associated with a partnership, firm, professional associatio entity.	n, or similar business entity, list the majo	or areas of economic activity of that
		Major Areas of Economic
Name and Address of Business Entity	Major Areas of Economic Activity	Activity
	(self)	(partnership, association or similar business entity)
Name:		
		TANKER TO THE TA
Address: NONE		
Name:	1	
Address:		diddid do nomenovo
		<u></u>

PART 2 (continued). INCOME DERIVEI (For Legislators who are s		NENT
B. List each source of income derived from self-employment that represen greater, and specify the principal type of economic activity of the entity o disclosure is prohibited by law, rule, or an established code of professional entity or person from whom the income was derived.	ts more than 10% of your gro	rived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	SERVICE	
Address: NoNE	**************************************	
Name:	- Conference (Conference on Conference on Confere	
Address:		OACOOMINA MANAGEMENT OF THE PROPERTY OF THE PR
PART 3. MAJOR AREAS (For Legislators who are attorn	eys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major	areas of practice of your firm Major Areas of Pract	
Name and Address of Firm	(self)	(firm)
Name: Address:		*** Total To
Name:	TREACH THE STATE OF THE STATE O	
Address:		
PART 4. OTHER SOURCE	S OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of		s. If none, check the box.
The None	historian and the state of the	hoodeleesse saateleesse saateleesse saateleesse saateleesse saateleesse saateleesse saateleesse saateleesse sa
Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Smith Barney	references to the transference constitute to the transference to the constitute of t	soint investments with sporse
Name: Smith Barney Address: Portland Me. 04101	THE PARTY OF THE P	with spouse
Name:	2000年7日 (1996年1日) (199	
Address:	Statomoralismona	
PART 5. REPORTABLE List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that		porting period, and list the major
areas of economic activity of each creditor. Do not list credit card liability or I	oans from a relative. If none	, check the box.
None		Principal Type of Economic
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:	real politicists	
Address:		
Name:	· ·	
Address:	***	

List the specific source of each gift of more than \$300. Incl none, check the box.	ude gifts with an aggregate	value of more	e than \$300 from a single source. It		
None None		######################################	CONTRACTOR AND		
Name of Source of Gift		Name of	Source of Gift		
1.	3.				
2.	$_{1}$		NOONNANAA MININGOO ALOA AMBOO ATTAA POOLA AMBOO MOONTA MAA TA'AAAA A'AAAAA A'AAAAA A'AAAAA A'AAAAA A'AAAAA A'A		
DART 7. PI	EPORTABLE HONORA				
List the source of any honoraria accepted for appearances or			onsibilities. If none, check the box.		
None	син эт болог на брато в 20 години на него том на наболя болог на дверга на добра на болог до наподода дверга ј В	egen annum ar pagemanh y engagna lageman ag ilaner en ang	ipagagapi, megamam muasi mendemikan menangan ing gaga menan menggagan menendipanng mgangapan meningan menggapa T		
Name of Source of Honoraria		Name of So	urce of Honoraria		
1.	3.				
2.	which is the contract that the contract of th	4.			
PART 8. REPRESENT	TATION BEFORE STAT	E AGENCIES			
List each executive branch agency before which you represe	ented or assisted others for	compensation	of any amount. If none, check the		
☒ None	Prof. Com. Com. And Anni Principal Section 12 Section 1		ANTONIONY BEPTENYARANA GEPHANYARANA GEPHANY EGEPHANYARA GARANNA PERSANANA AGESTARANAANAA BARAA GORSAN GERANGA A		
Name of Agency		Name	of Agency		
1.	3.				
2.	4.		A SANGAR AND		
PART 9. BUSIN	IESS WITH STATE AGE	NCIES			
List each executive branch agency to which you or a memb	er of your immediate family	/ sold goods o	r services with a value in excess of		
\$1,000 during the reporting period. If none, check the box. None	irre/arindr ый-аймгэ linnir гэлдий 1 гд гэйгин гэлхийг айгар гэйгэр хоруу бүгүүн бүхэр хорууг айгар хоруу айгар Э	there are the continue that the area for the area for the area and the area are and the area and	laadata. Ah Permane lahih isah baharan variaran menik homas kabalah balammadilan keresan menikratak bilak basa tan mahampih dara kaban seban menikratak balam balam ba		
Name of Agency	$\frac{1}{2} \left(\frac{1}{2} \left$	Name	of Agency		
1.		radine Uragancy			
	and we will also and a second to the second	raanaa haanalist khooliseedok kreihard III viikssabel asaadaa 4 ad kilosed			
2.	4.				
PART 10, INCOME RECEIVE	ED BY MEMBERS OF IN	IMEDIATE F	AMILY		
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	f of income represented. If				
of more of income, their name and job little are listed. Do not	Type of Economic Activity	angala garahan waranta nya aranta inya anya 1199 (159 ina). Wanata	(Q. Lifethon (M. narrow), it comes (L. 100 de the first of the last hought of 110 de the National State of the confliction of the Lifethon (M. narrow), it is a second of the Lifethon (M. narrow), it		
Name of Spouse or Domestic Partner and Job Title	Representing Source of Income Received		Kind of Income		
Name: Robert E Pendleton Je,	1. Shaw's Super 2. Stole of marke	- Spouse or	1.5 a la b		
Job Title: Sales Associate,	2.5 ME	Domestic Partner	2. retirement		
		Dependent	W 45 - 24 PROTOCOLOGICA CONTINUE CONT		
If dependent child(ren) receive more than \$1,000 of income		Child			
for the reporting period, list only the type of economic activity and the kind of income.		Dependent Child			
	:		,		

Dependent Child

PART 6. REPORTABLE GIFTS

	I. If a family member listed,	Mulcate your read	TIONSHIP and the name	e of the falling man	ber.	· · · · · · · · · · · · · · · · · · ·
None None				Position Held	individual telegonioses in paralitica telegoniose conceptiones en establistica de la constitución de la cons	
	Organization/Business and Address		Title	Position Held By:	Family Member's Name	Compen- sated?
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A Legislator who	willfully fails to file a requ	ired statement i	is subject to a fine o	f up to \$100. (1 N	И.R.S.A. § 1017-A)
	ing of a false statement is			·	· -	
	se statement, it shall refe					_
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PART 11. OFFICER OR DIRECTOR POSITIONS